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PTO/SB/04 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17965-725
	First Named Inventor	Matthew R. Selmon
	COMPLETE IF KNOWN	
	Application Number	09/149,874
	Filing Date	September 8, 1998
	Group Art Unit	3731
	Examiner Name	Lewis, W.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING VASCULAR OCCLUSIONS

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

09/08/98

as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on ☐ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

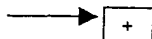
Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

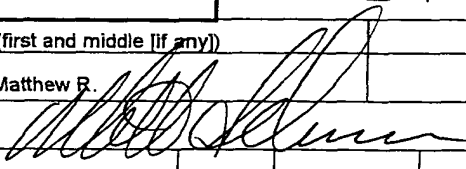
Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 21971 OR ☐ Correspondence address below

Name	Richard L. Gregory, Jr.					
Address	Wilson Sonsini Goodrich & Rosati					
Address	650 Page Mill Road					
City	Palo Alto	State	CA	ZIP	94304	
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Matthew R.				Selmon			
Inventor's Signature						Date	2/5/01
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address	99 Walnut Ave.						
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA

☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date			
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date			
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature				Date			
Residence: City	Redwood City	State	CA.	Country	USA	Citizenship	USA
Post Office Address		1131 Grand Street					
Post Office Address							
City	Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles				Gresl			
Inventor's Signature				Date			
Residence: City	San Francisco	State	CA.	Country	USA	Citizenship	USA
Post Office Address		121 Topaz Way					
Post Office Address							
City	San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature				Date			
Residence: City	Newark	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address		35208 Preston Place					
City	Newark	State	CA	ZIP	94560	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
E. Richard				Hill, III					
Inventor's Signature					Date				
Residence: City		Berkeley		State		CA.		Country	
						USA		Citizenship	
								USA	
Post Office Address		2430 Oregon Street							
Post Office Address									
City		Berkeley		State		CA.		ZIP	
						94705		Country	
								USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature					Date				
Residence: City				State				Country	
Post Office Address									
Post Office Address									
City				State				ZIP	
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Inventor's Signature					Date				
Residence: City				State				Country	
								Citizenship	
Post Office Address									
Post Office Address									
City				State				ZIP	
								Country	

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	COMPLETE IF KNOWN	
	Application Number	09/149,874
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	Examiner Name	Lewis, W.

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(Title of the Invention)

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☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

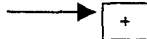
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[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 21971 OR ☐ Correspondence address below

Name	Richard L. Gregory, Jr.				
Address	Wilson Sonsini Goodrich & Rosati				
Address	650 Page Mill Road				
City	Palo Alto	State	CA	ZIP	94304
Country	U.S.	Telephone	650-493-9300	Fax	650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Matthew R.		Selmon			
Inventor's Signature				Date	
Residence: City	Atherton	State	CA.	Country	USA
Post Office Address	99 Walnut Ave.				
Post Office Address					
City	Atherton	State	CA.	ZIP	94027
Country	USA				

☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Charles F.				Milo				
Inventor's Signature					Date		2/6/2001	
Residence: City		Atherton	State	CA.	Country	USA	Citizenship USA	
Post Office Address		101 Atherton Avenue						
Post Office Address								
City		Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Robert L.				Wynne				
Inventor's Signature					Date			
Residence: City		Pacifica	State	CA.	Country	USA	Citizenship USA	
Post Office Address		340 Esplanade #19						
Post Office Address								
City		Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Suresh S.				Pai				
Inventor's Signature					Date			
Residence: City		Mountain View	State	CA.	Country	USA	Citizenship USA	
Post Office Address		156 Holly Court						
Post Office Address								
City		Mountain View	State	CA.	ZIP	94043	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature				Date			
Residence: City	Redwood City	State	CA.	Country	USA	Citizenship	USA
Post Office Address		1131 Grand Street					
Post Office Address							
City	Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles				Gresl			
Inventor's Signature				Date			
Residence: City	San Francisco	State	CA.	Country	USA	Citizenship	USA
Post Office Address		121 Topaz Way					
Post Office Address							
City	San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature				Date			
Residence: City	Newark	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address		35208 Preston Place					
City	Newark	State	CA	ZIP	94560	Country	USA

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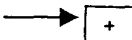
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> 3 </u> of <u> 3 </u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
E. Richard		Hill, III	
Inventor's Signature			Date
Residence: City	Berkeley	State	CA. Country USA Citizenship USA
Post Office Address	2430 Oregon Street		
Post Office Address			
City	Berkeley	State	CA. ZIP 94705 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country Citizenship
Post Office Address			
Post Office Address			
City		State	ZIP Country

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	Examiner Name	Lewis, W.

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(Title of the invention)

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☐ is attached hereto

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as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on ☐ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

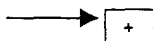
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 21971 OR ☐ Correspondence address below

Name	Richard L. Gregory, Jr.				
Address	Wilson Sonsini Goodrich & Rosati				
Address	650 Page Mill Road				
City	Palo Alto	State	CA	ZIP	94304
Country	U.S.	Telephone	650-493-9300	Fax	650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Matthew R.		Selmon			
Inventor's Signature				Date	
Residence: City	Atherton	State	CA.	Country	USA
Post Office Address	99 Walnut Ave.				
Post Office Address					
City	Atherton	State	CA.	ZIP	94027
				Country	USA

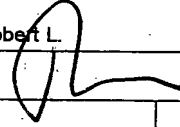
☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box 

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date		5 FEB 2001	
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date			
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature				Date			
Residence: City	Redwood City	State	CA.	Country	USA	Citizenship	USA
Post Office Address		1131 Grand Street					
Post Office Address							
City	Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles				Gresl			
Inventor's Signature				Date			
Residence: City	San Francisco	State	CA.	Country	USA	Citizenship	USA
Post Office Address		121 Topaz Way					
Post Office Address							
City	San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature				Date			
Residence: City	Newark	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address		35208 Preston Place					
City	Newark	State	CA	ZIP	94560	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
E. Richard		Hill, III					
Inventor's Signature					Date		
Residence: City	Berkeley	State	CA.	Country	USA	Citizenship	USA
Post Office Address	2430 Oregon Street						
Post Office Address							
City	Berkeley	State	CA.	ZIP	94705	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country			
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country			
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17965-725
	First Named Inventor	Matthew R. Selmon
	COMPLETE IF KNOWN	
	Application Number	09/149,874
	Filing Date	September 8, 1998
	Group Art Unit	3731
	Examiner Name	Lewis, W.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING VASCULAR OCCLUSIONS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/08/98

as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on ☐ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

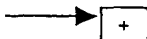
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 21971 OR ☐ Correspondence address below
or Bar Code Label

Name	Richard L. Gregory, Jr.						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto	State	CA	ZIP	94304		
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname			
Matthew R.				Selmon			
Inventor's Signature						Date	
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address	99 Walnut Ave.						
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA

☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

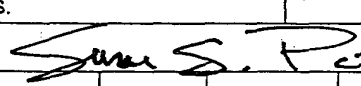
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date			
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date		2/6/01	
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature				Date			
Residence: City	Redwood City	State	CA.	Country	USA	Citizenship	USA
Post Office Address		1131 Grand Street					
Post Office Address							
City	Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles				Gresl			
Inventor's Signature				Date			
Residence: City	San Francisco	State	CA.	Country	USA	Citizenship	USA
Post Office Address		121 Topaz Way					
Post Office Address							
City	San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature				Date			
Residence: City	Newark	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address		35208 Preston Place					
City	Newark	State	CA	ZIP	94560	Country	USA

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Please type a plus sign (+) inside this box 


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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
E. Richard				Hill, III			
Inventor's Signature				Date			
Residence: City		Berkeley		State		CA.	
				Country		USA	
Post Office Address		2430 Oregon Street					
Post Office Address							
City		Berkeley		State		CA.	
				ZIP		94705	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

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Type a plus sign (+) inside this box 

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SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17965-725
	First Named Inventor	Matthew R. Selmon
	COMPLETE IF KNOWN	
	Application Number	09/149,874
	Filing Date	September 8, 1998
	Group Art Unit	3731
	Examiner Name	Lewis, W.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING VASCULAR OCCLUSIONS

(Title of the invention)

the specification of which
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/08/98

as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on ☐ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

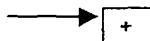
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box



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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971 

Place Customer
Number Bar
Code Label here

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 21971 OR ☐ Correspondence address below

Name	Richard L. Gregory, Jr.						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto	State	CA	ZIP	94304		
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Matthew R.				Selmon			
Inventor's Signature						Date	
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address	99 Walnut Ave.						
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA

☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

Please type a plus sign (+) inside this box 

PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date			
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date			
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/02A (3-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Kent D.				Dell				
Inventor's Signature					Date		2/5/01	
Residence: City		Redwood City	State	CA.	Country	USA	Citizenship	
Post Office Address		1131 Grand Street						
Post Office Address								
City		Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Charles				Gresl				
Inventor's Signature					Date			
Residence: City		San Francisco	State	CA.	Country	USA	Citizenship	
Post Office Address		121 Topaz Way						
Post Office Address								
City		San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Gerald				Hansen				
Inventor's Signature					Date			
Residence: City		Newark	State	CA	Country	USA	Citizenship	
Post Office Address								
Post Office Address		35208 Preston Place						
City		Newark	State	CA	ZIP	94560	Country	USA

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Please type a plus sign (+) inside this box



PTO/SB/02A (3-97)

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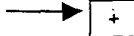
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
E. Richard				Hill, III			
Inventor's Signature				Date			
Residence: City		Berkeley		State		CA.	
				Country		USA	
Post Office Address		2430 Oregon Street					
Post Office Address							
City		Berkeley		State		CA.	
				ZIP		94705	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17965-725
	First Named Inventor	Matthew R. Selmon
	COMPLETE IF KNOWN	
	Application Number	09/149,874
	Filing Date	September 8, 1998
	Group Art Unit	3731
	Examiner Name	Lewis, W.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING VASCULAR OCCLUSIONS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/08/98

as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on ☐ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

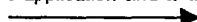
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION							
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
08/775,264				2/28/97		5,968,064	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <u>21971</u>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Place Customer Number Bar Code Label here</div>							
<input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>21971</u> OR <input type="checkbox"/> Correspondence address below							
Name		Richard L. Gregory, Jr.					
Address		Wilson Sonsini Goodrich & Rosati					
Address		650 Page Mill Road					
City		Palo Alto		State		CA	ZIP 94304
Country		U.S.		Telephone		650-493-9300 Fax 650-493-6811	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Matthew R.				Selmon			
Inventor's Signature						Date	
Residence: City		Atherton	State	CA.	Country	USA	Citizenship USA
Post Office Address		99 Walnut Ave.					
Post Office Address							
City		Atherton	State	CA.	ZIP	94027	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>two (2)</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

[Page 2 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date			
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date			
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

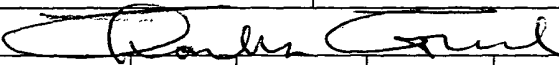


PTO/SB/02A (3-97)

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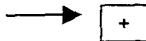
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature				Date			
Residence: City		Redwood City		State		CA.	
				Country		USA	
Post Office Address		1131 Grand Street					
Post Office Address							
City		Redwood City		State		CA.	
				ZIP		94061	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles				Gresl			
Inventor's Signature				Date		2.6.01	
Residence: City		San Francisco		State		CA.	
				Country		USA	
Post Office Address		121 Topaz Way					
Post Office Address							
City		San Francisco		State		CA.	
				ZIP		94131	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature				Date			
Residence: City		Newark		State		CA	
				Country		USA	
Post Office Address							
Post Office Address		35208 Preston Place					
City		Newark		State		CA	
				ZIP		94560	
				Country		USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
E. Richard				Hill, III			
Inventor's Signature				Date			
Residence: City	Berkeley	State	CA.	Country	USA	Citizenship	USA
Post Office Address		2430 Oregon Street					
Post Office Address							
City	Berkeley	State	CA.	ZIP	94705	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country			
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box → +

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17965-725
	First Named Inventor	Matthew R. Selmon
	<i>COMPLETE IF KNOWN</i>	
	Application Number	09/149,874
	Filing Date	September 8, 1998
	Group Art Unit	3731
	Examiner Name	Lewis, W.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING VASCULAR OCCLUSIONS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/08/98

as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

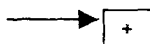
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box



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SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 21971 OR ☐ Correspondence address below

Name	Richard L. Gregory, Jr.						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto	State	CA	ZIP	94304		
Country	U.S.	Telephone	650-493-9300	Fax	650-493-6811		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Matthew R.				Selmon			
Inventor's Signature						Date	
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address	99 Walnut Ave.						
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA

☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date			
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date			
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

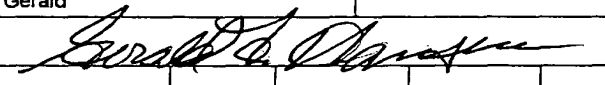


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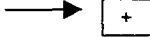
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature				Date			
Residence: City	Redwood City	State	CA.	Country	USA	Citizenship	USA
Post Office Address		1131 Grand Street					
Post Office Address							
City	Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles				Gresl			
Inventor's Signature				Date			
Residence: City	San Francisco	State	CA.	Country	USA	Citizenship	USA
Post Office Address		121 Topaz Way					
Post Office Address							
City	San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature				Date		02-05-01	
Residence: City	Newark	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address		35208 Preston Place					
City	Newark	State	CA	ZIP	94560	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
E. Richard				Hill, III			
Inventor's Signature						Date	
Residence: City	Berkeley	State	CA.	Country	USA	Citizenship	USA
Post Office Address		2430 Oregon Street					
Post Office Address							
City	Berkeley	State	CA.	ZIP	94705	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country			
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17965-725
	First Named Inventor	Matthew R. Selmon
	COMPLETE IF KNOWN	
	Application Number	09/149,874
	Filing Date	September 8, 1998
	Group Art Unit	3731
	Examiner Name	Lewis, W.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TREATING VASCULAR OCCLUSIONS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/08/98

as United States Application Number or PCT International

Application Number 09/149,874 and was amended on (MM/DD/YYYY) 03/29/00, 09/23/99, and 11/18/98 (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on ☐ was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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Type a plus sign (+) inside this box



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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/775,264	2/28/97	5,968,064

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 21971 OR ☐ Correspondence address below

Name	Richard L. Gregory, Jr.						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto	State	CA	ZIP	94304		
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Matthew R.	Selmon

Inventor's Signature						Date	
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address	99 Walnut Ave.						
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA

☒ Additional inventors are being named on the two (2) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles F.				Milo			
Inventor's Signature				Date			
Residence: City	Atherton	State	CA.	Country	USA	Citizenship	USA
Post Office Address		101 Atherton Avenue					
Post Office Address							
City	Atherton	State	CA.	ZIP	94027	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert L.				Wynne			
Inventor's Signature				Date			
Residence: City	Pacifica	State	CA.	Country	USA	Citizenship	USA
Post Office Address		340 Esplanade #19					
Post Office Address							
City	Pacifica	State	CA.	ZIP	94044	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Suresh S.				Pai			
Inventor's Signature				Date			
Residence: City	Mountain View	State	CA.	Country	USA	Citizenship	USA
Post Office Address		156 Holly Court					
Post Office Address							
City	Mountain View	State	CA.	ZIP	94043	Country	USA

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Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kent D.				Dell			
Inventor's Signature						Date	
Residence: City	Redwood City	State	CA.	Country	USA	Citizenship	USA
Post Office Address		1131 Grand Street					
Post Office Address							
City	Redwood City	State	CA.	ZIP	94061	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Charles				Gresl			
Inventor's Signature						Date	
Residence: City	San Francisco	State	CA.	Country	USA	Citizenship	USA
Post Office Address		121 Topaz Way					
Post Office Address							
City	San Francisco	State	CA.	ZIP	94131	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gerald				Hansen			
Inventor's Signature						Date	
Residence: City	Newark	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address		35208 Preston Place					
City	Newark	State	CA	ZIP	94560	Country	USA

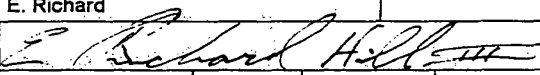
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
E. Richard				Hill, III				
Inventor's Signature					Date		Feb 6, 2009	
Residence: City	Berkeley	State	CA.	Country	USA	Citizenship	USA	
Post Office Address		2430 Oregon Street						
Post Office Address								
City	Berkeley	State	CA.	ZIP	94705	Country	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
Residence: City		State		Country				
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
Residence: City		State		Country				
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	PATENT APPLICATION
)	
Matthew R. Selmon et al.)	Group Art Unit: 3731
)	
Application No.: 09/149,874)	Examiner: Lewis, W.
)	
Filed: September 8, 1998)	
)	
Title: Method and Apparatus for)	
Treating Vascular Occlusions)	

Commissioner for Patents
Washington, D.C. 20231

DECLARATION


I, Gerald Hansen declare:

1. I have reviewed the specification and claims of the above-captioned patent application ("the Application").
2. I am an inventor of the subject matter of at least one claim of the Application.
3. Through error, I was omitted as an inventor of the subject matter of the claims of the Application.
4. The error in inventorship occurred through no deceptive intention on my part.
5. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the Application or any patent issued thereon.

Respectfully submitted,

Date: 02-05-01

By:


Gerald Hansen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	PATENT APPLICATION
)	
Matthew R. Selmon et al.)	Group Art Unit: 3731
)	
Application No.: 09/149,874)	Examiner: Lewis, W.
)	
Filed: September 8, 1998)	
)	
Title: Method and Apparatus for)	
Treating Vascular Occlusions)	

Commissioner for Patents
Washington, D.C. 20231

DECLARATION

I, E. Richard III declare:

1. I have reviewed the specification and claims of the above-captioned patent application ("the Application").
2. I am an inventor of the subject matter of at least one claim of the Application.
3. Through error, I was omitted as an inventor of the subject matter of the claims of the Application.
4. The error in inventorship occurred through no deceptive intention on my part.
5. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the Application or any patent issued thereon.

Respectfully submitted,

Date: Feb 6, 2001

By:


E. Richard Hill, III